## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 2

-63-011071

Place of British   Place of Br	DEP,	DEPARTMENT OF PUBLIC HEALTH AND WELFARE						
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MOSPITAL OR   No INCHIDENT   NO IN				۱	11	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits		
MOSPITAL OR   No INCHIDENT   NO IN	_	Z K	'	t				
A DATE OF DECERATED FIRST Middle Superior Pred Roger Chailland Death March 1 106.3  S. SEX 6. COLOR OR RACE 7. Married 1 November 1 106.00	1 <sub>0350</sub>	Y X		۱		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR		
3 NAME OF BECASED FIRST Middle Lat 0. DATE NOT DAY Year (Type or print) PT-01 NAME OF BECASED (Type or print) PT-02 NAME OF DECASED (Type or print) PT-03 DATE OF BIRTH 9. ADEE NOT DATE OF BIRTH 9. ADEE (But birthday) PUNDER YEAR IP UNDER 2 NAME OF CREATE OF BIRTH 9. ADEE (But birthday) IP UNDER YEAR IP UNDER 2 NAME OF CREATE OF BIRTH 9. ADEE (But birthday) IP UNDER YEAR IP UNDER 2 NAME OF BIRTH 9. ADEE (But birthday) IP UNDER YEAR IP UNDER 2 NAME OF BIRTH 9. ADEE (But birthday) IP UNDER YEAR IP UNDER 2 NAME OF BIRTH 9. ADEE (But birthday) IP UNDER YEAR IP UNDER 2 NAME OF BIRTH 9. ADEE (But birthday) IP UNDER YEAR IP UNDER 2 NAME OF BIRTH 9. ADEE (But birthday) IP UNDER YEAR IP UNDER 2 NAME OF BIRTH 9. ADEE (But birthday) IP UNDER YEAR IP UNDER 2 NAME OF BIRTH 9. ADEE (But birthday) IP UNDER YEAR IP UNDER 2 NAME OF BIRTH 9. ADEE S. NO IP UNDER 2 NAME OF BIRTH 9. ADEE S. NO IP UNDER 2 NAME OF BIRTH 9. ADEE S. NO IP UNDER 2 NAME OF BIRTH 9. ADEE S. NO IP UNDER 2 NAME OF BIRTH 9. ADEES S. PLANE OF CEMETREY OR CREMATORY IP 220. LOCATION (City, nown, or sounty) IP FART I or PART I or		DAT				NoTITUTION Kennett R#1   Yes   No I   Rural Route   Yes   No		
## Prod Rager Chailland Deth March 1 1062  5 1   5   5   5   5   5   5   5   5   5	- 1	' F	$\prod$	十	7 1			
Machina   Days   Mours   Machina   Days   Machina   Days   Mours   Machina   Days	4	٠ <u> </u>	11	١		Fred Edgar Chailland DEATH March 1/2 1963		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  11. USA  12. LINEAR COLUMN (Give kind of work done during most of working life, even if refired)  12. WAS DECASED EVER IN U.S. RAMED FORCES?  13. WAS DECASED EVER IN U.S. RAMED FORCES?  14. SAMED FORCES?  15. WAS DECASED EVER IN U.S. RAMED FORCES?  16. SOCIAL SECURITY NO.  17. INFOMMANT  18. CAUSE OF BLAFF (Column)  19. WAS AUTOPSY (See Condition, if any, which gave rise in babove, cause [s]). Infommant of life life in a life of l		<b>'</b>		١ ] .	1	Widowed T Divorced Nin. Months Days Hours Min.		
during most of working life, even if retired)  Parming  Caruth, Mo. L. NAME OF RUSAND OR WIFE  13. FATHER'S NAME  Mary Ellis Felker  Valla Chailland  Address  (Yes, no, or unknown) [Light dive wer of dates of term line  10. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) [Light dive wer of dates of term line  PART II. DEATH Interest of the cause par line  II. CAUSE OF BEATH Interest of the cause par line  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there is programery in last 90.  ONE AND DEATH Interest of the cause of the cause have line  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there is programery in last 90.  ONE OF THE WORK OF NO. INTEREST OF DEATH BUT not related to the terminal there is programery in last 90.  ONE OF THE WORK OF NO. INTEREST OF DEATH BUT not related to the terminal there is programery in last 90.  ONE OF THE WORK OF NO. INTEREST OF DEATH BUT not related to the terminal there is programery in last 90.  ONE OF THE WORK OF NO. INTEREST OF DEATH BUT not related to the terminal there is programery in last 90.  ONE OF THE WORK OF NO. INTEREST OF DEATH BUT not related to the terminal there is programery in last 90.  ONE OF THE WORK OF NO. INTEREST OF THE WORK OF THE WOR	5 1	1		۱		male Cau 1 12/12/1895 67 3 2 1		
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DUE TO (b)    13 2 - 0     2	- 1/	용등		1	١			
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I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed on he Doherty
Signature of Student Embaimer	
• .	Licensed Embalmer No. 4 586
•	my the my

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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